



South Carolina State ORP Plan
Employer Payroll Information and Authorization Agreement for ACH Debit

EMPLOYER INFORMATION

Employer Name: _____ Telephone: _____

Address: _____
Street City State Zip Code

Employer Code: _____

FUNDING METHOD (please select one)

Funding with a Check

Funding with ACH Credit

Funding with ACH Debit (please complete the following section and the authorization at the bottom of the form)

ACH DEBIT SET UP:

ACH debit is used for funding payroll.

Initial set up of ACH Debit

BANK ACCOUNT CONTACT INFORMATION

(Please provide the employer location contact should there be an issue with the ACH Debit process.)

Name: _____

Telephone: _____

Email Address: _____

BANK ACCOUNT INFORMATION

Name of Financial Institution: _____ Telephone: _____

Address: _____
Street City State Zip Code

Account Type: Checking Savings

Account Number: _____

Transit/ABA Routing Number (9 digit number on bottom of checks between " " marks): _____

FORMAT FOR PAYROLL FILE SENT TO VOYA

We will submit payroll files to Voya using the file format that we use for the Deferred Compensation Program:

We do not use the Deferred Compensation Program format and would like to use the alternative CSV file format:



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PAYROLL CONTACT INFORMATION

(Please provide two (2) contacts for each employer location. These individuals will have access to the payroll reporting system.)

Contact #1:

Name: _____

Telephone: _____

Email Address: _____

Contact #2:

Name: _____

Telephone: _____

Email Address: _____

AUTHORIZATION

I have carefully reviewed the banking information above and certify that I am authorized to make this agreement on behalf of my employer. The statements made herein by me are those of my employer.

I understand that the account above will serve as the account of record with Voya Financial for the automatic ACH direct debiting of Participant and Employer contributions for the South Carolina State ORP Plan. I authorize Voya to automatically debit the bank account listed above. I understand that Voya will automatically ACH direct debit the designated account as part of its processing of my employers submission of the payroll data.

I understand I may change the designated account at any time by notifying Voya in writing, but that such change will only become effective as soon as administratively feasible upon Voya receiving notice of the change.

Authorized Representative _____

Title _____

Signature _____

Date _____